



Patient Assessment

How long has it been since you last visited a Doctor? (Circle one)

Never 1 to 12 Months Ago More than a Year Don't Know

Do you have any existing medical conditions? If yes, please list them below? Yes No

Are you currently taking or awaiting any medications/prescriptions? Yes No
If yes, please list the medications/prescriptions:

Is there a clinic or doctor you normally go to when seeking medical care? Yes No
If yes, please list the name(s) and/or clinic(s) you go to:

Have you ever been admitted to a hospital? Yes No

1. Hospital: _____ Reason: _____ Date: _____

2. Hospital: _____ Reason: _____ Date: _____

What dentist/clinic do you normally go to for dental care, if any?

Do you have any existing dental problems? Yes No If yes, please list:

How long has it been since you last visited a dentist?

More than a Year Ago 6 to 12 Months Ago Within the Past 6 Months Never

When did you last have your teeth cleaned?

More than a Year Ago 6 to 12 Months Ago Within the Past 6 Months Never

When was the last time you had 4 or 5 drinks on one occasion?

Never

In the last Six Months

More Than 6 Months Ago

How often do you usually drink?

Never

Once a Week

Two or More Times a Week

Have you ever used illegal drugs or prescription drugs other than prescribed?

Never

Within the past Year

More than a Year Ago

Have you ever felt you ought to cut down on your drinking or drug use?

Yes

No

Have people annoyed you by criticizing/complaining about your drinking or drug use?

Yes

No

Have you ever felt bad or guilty about your drinking or drug use?

Yes

No

Have you ever had a drink or drug in the morning as an eye opener to steady your nerves or get rid of a hangover?

Yes

No

Have you ever been treated by a mental health professional (psychiatrist, psychologist or therapist) or prescribed medication for psychiatric or emotional problems?

Yes

No

Have you ever been prescribed medication for psychiatric or emotional problems?

Yes

No

If yes, what? _____

Have you been troubled or bothered by psychological or emotional problems in the last thirty days?

Yes

No

Have you ever been so sad that you thought of taking your own life / attempting suicide?

Yes

No

If yes, when? _____

Have you ever been so angry or resentful that you felt like hurting someone else?

Yes

No

If yes, when? _____

Have you ever heard noises or voices or seen things that others said they could not hear or see?

Yes

No

If yes, when? _____